

Backflow Device Test Report FormMail Original & \$10 Filing Fee to City of Goddard

City of Goddard 118 North Main, PO Box 667 Goddard, KS 67052 P: 316-794-2441 F: 316-794-2401

PROPERTY INFO					
Owner Name Phone #					
Property Address					
New Install Re-Test		Fire System Containmen		t	
COMPANY INFO					
Company/Tester Name					
Company Address					
Certified Tester Number					
SERVICE INFORMATION					
Date of Test		RESIDENTIALComm			
Backflow Size		Manufacturer Serial #			
Location(s)					
PSI		e Principle Assembly (Requires Three Columns)		Rebuild Date (Required Every 5 Years)	
	Double check valve As	sembly (Two Columns)		T	
Initial Test	Check Valve #1	Check Valve #2	Differential Pressure Relief	Vacuum Breaker PVB/SVB	
	1. RP/DCPSID	2. RP/DCPSID	Opened atPSID	AIR INLET:	
	Leaked (0.0)	Leaked (0.0)	DID NOT OPEN	Opened at PSID	
	Failed	Failed		DID NOT OPEN	
	Cleaned	Cleaned	Cleaned	Check Valve:	
	Replaced:	Replaced:	Cleaned Sensing Line(s)	Held atPSID	
	Disc	Disc		Leaked (0.0)	
REPAIRS	Spring	Spring	Replaced:	Failed	
	Guide	Guide	Disc	Cleaned	
	Pin Retainer	Pin Retainer	Spring	Replaced	
	Hinge Pin	Hinge Pin	Guide	AIR INLET SPRING	
	Seat	Seat	Pin Retainer	CHECK SPRING	
	Diaphragm	Diaphragm	Hinge Pin	OTHER	
	Other	Other	Seat Diaphragm		
			Other		
				AIR INLET	
	RP/DCPSDI	RP/DCPSDI	Opened atPSDI	Opened atPSID	
FINAL TEST	Leaked (0.0)	Leaked (0.0)	DID NOT OPEN	PVB CheckPSID	
	Failed	Failed	For RP Only	Leaked (0.0) Failed	
Comments:					
For City Use Only					
Accepted By (City Representative)			Pate		
Date Paid/Processed By City			Receipt Number		